



Reimbursement Request

Cardinal School | 4045 Ashland Road | Eldon, Iowa 52554
(P) 641-652-7531 | (F) 641-652-3143

Today's Date _____

First Name _____ Last Name _____

Position _____

All receipts must be attached in order to receive a reimbursement. Most reimbursement forms must be processed through the next monthly school board meeting before reimbursement will be given.

Amount	Pay To List Complete Name and Address	Reason for Check Request

Account Numbers
For office use only

Principal Signature _____ Date _____

Superintendent Signature _____ Date _____